

Name
in
Full

CERTIFICATE OF DEATH

Perry Anderson

Town

County

MARYLAND

Died at

Free

Worcester

Date

of death 1907

Month

6

Day

6

Age

Years

64

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Free Iowa Ia

Occupation

Farmer

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Gilbert Anderson

Father's
Birthplace

Free Iowa Ia

Mother's
Maiden Name

Mother's
Birthplace

Name of person giving
In formation

How related
to deceased

CAUSES OF DEATH

179

Primary

How long

Immediate

Heart failure

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

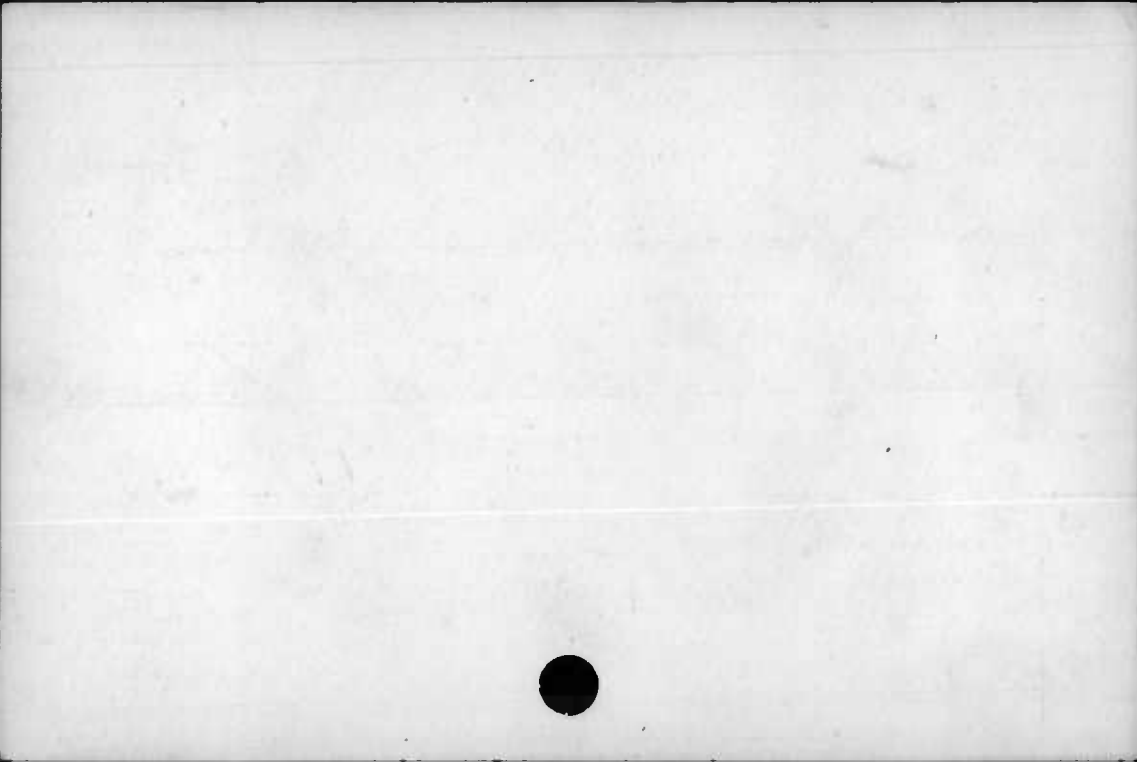
No Physician saw him

Address

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

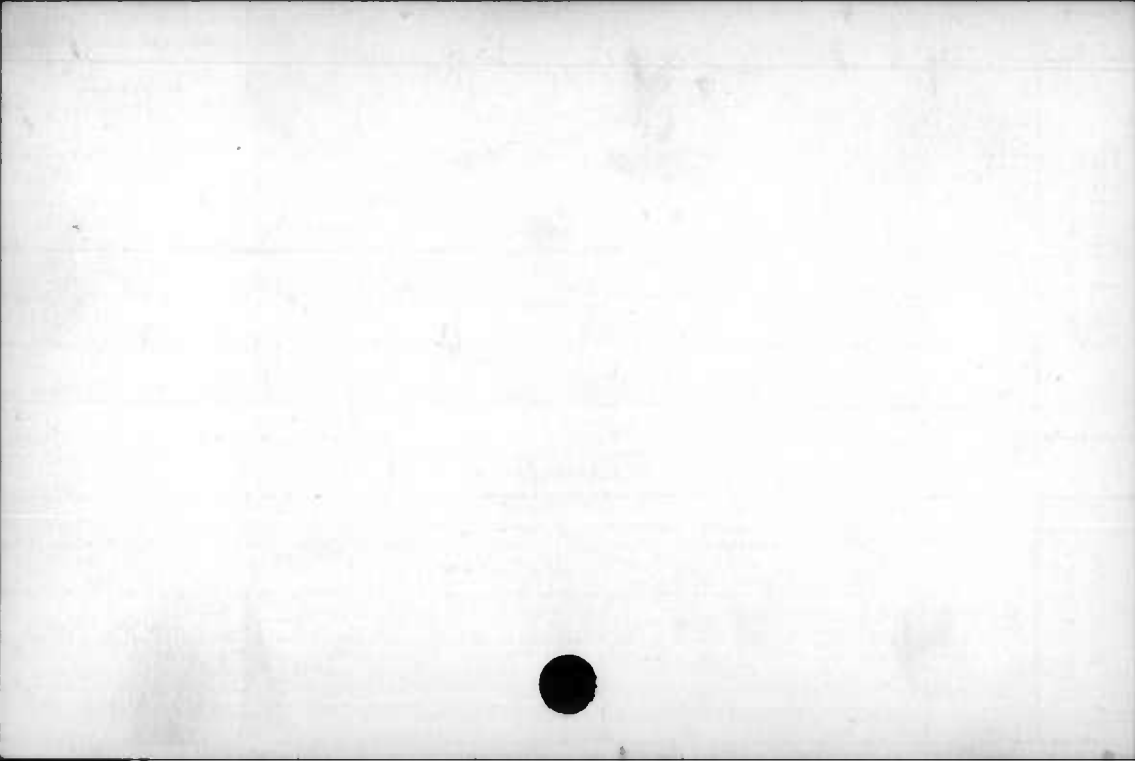
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Beachum</u> Town		<u>Wicomico</u> County		MARYLAND	
Date of death <u>1907</u>	Month <u>June</u>	Day <u>25</u>	Age <u>1</u>	Years <u>6</u>	Months <u>6</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Ind</u>			
Occupation <u></u>		Where Residing if not at place of death <u></u>			
Married, Single or Widowed <u></u>		Name of Wife or Husband <u></u>			
Father's Name <u>Henry A Beachum</u>		Father's Birthplace <u>Ind</u>			
Mother's Maiden Name <u>Carrela Inc David</u>		Mother's Birthplace <u>Ind</u>			
Name of person giving information <u>Henry A Beachum</u>		How related to deceased <u>Father</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Pneumonia</u>	(93)	How long <u>56 hours</u>
Immediate <u>Pneumonia</u>		How long <u>56 hours</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Geo. W. Gold</u> <u>per Dr. R. H. Taylor</u>	
<u>Yes</u>	Address <u></u>	
Accident or Suicide?		



Name
in
Full

Death N. Bennett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

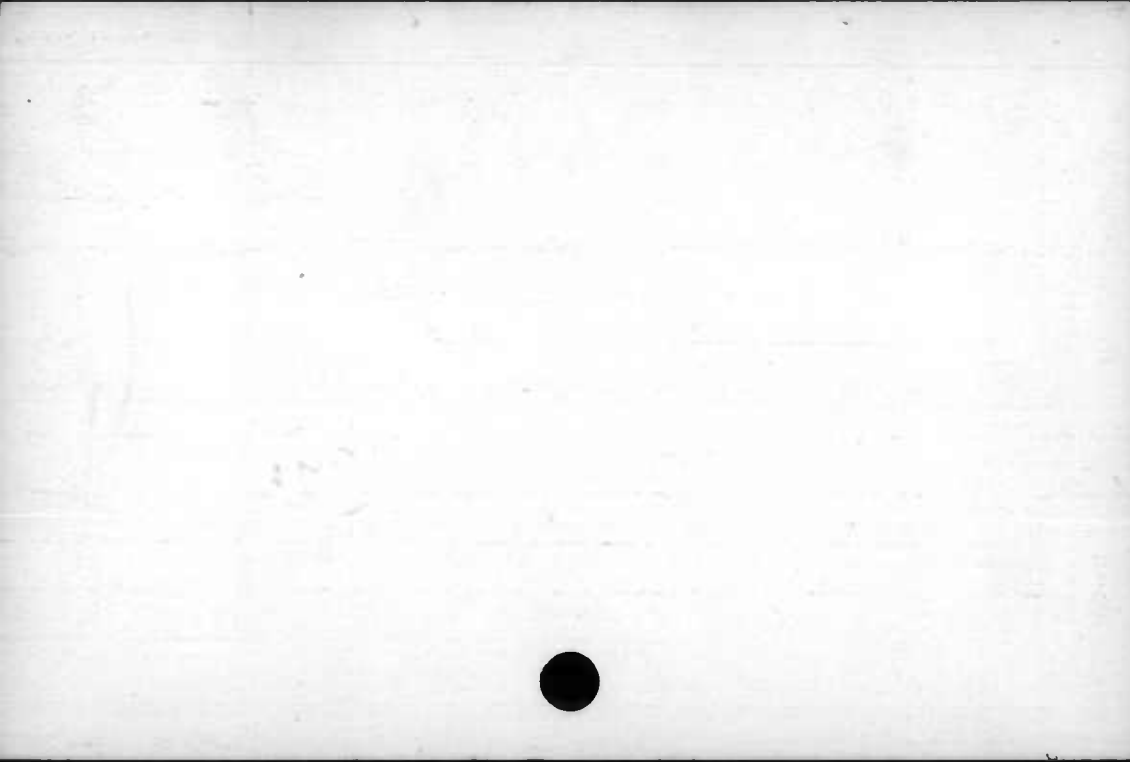
Died at		Town <i>Sharpsburg</i>		County <i>Wicomico</i>		MARYLAND	
Date of death	1907	Month	June	Day	17	Age	78
Sex		Male		Color or Race		White	
Occupation		Farmer		Birth-place		Delaware	
Where Residing if not at place of death							
Married, Single or Widowed		Married		Name of Wife or Husband <i>Mary Bennett</i>			
Father's Name		<i>George Bennett</i>		Father's Birthplace		Delaware	
Mother's Maiden Name		<i>Matilda LeCompt</i>		Mother's Birthplace		Delaware	
Name of person giving information		<i>Mary Bennett</i>		How related to deceased		Wife	

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	<i>Old age. Slight</i>	How long	<i>2 years</i>
Immediate	<i>Cardiac asthma</i>	How long	<i>1 day</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Wm H Gessaway</i>	
		Address <i>Sharpsburg - Md</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

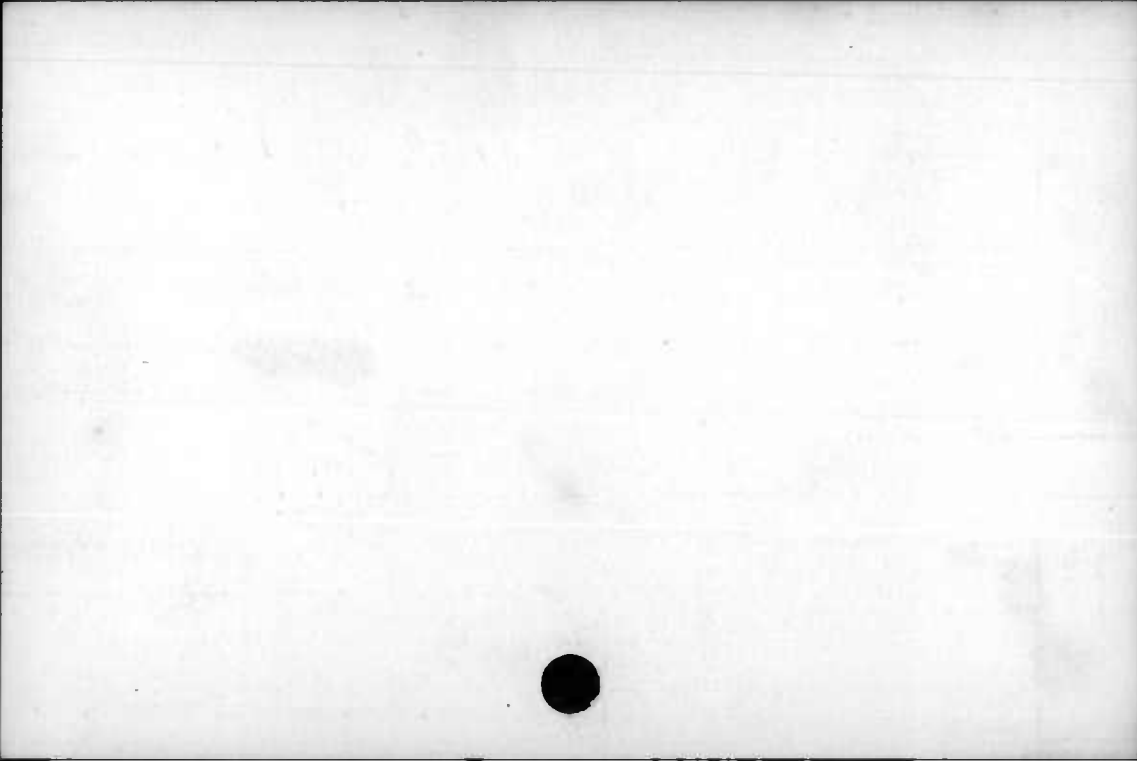
Name in Full <i>Mary E Cartmell</i>		Town <i>Salisbury</i>		County <i>McComie</i>		MARYLAND	
Died at <i>Salisbury</i>		Month <i>June</i>		Day <i>7</i>		Age <i>74</i>	
Date of death <i>1907</i>		Month <i>June</i>		Day <i>7</i>		Months <i>9</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Md</i>		Days <i>21</i>	
Occupation <i>Housework</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>William E Cartmell</i>					
Father's Name <i>Don't know Halland</i>		Father's Birthplace <i>Unknown</i>					
Mother's Maiden Name <i>Don't know</i>		Mother's Birthplace <i>Unknown</i>					
Name of person giving information <i>Joseph Cartmell</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

179

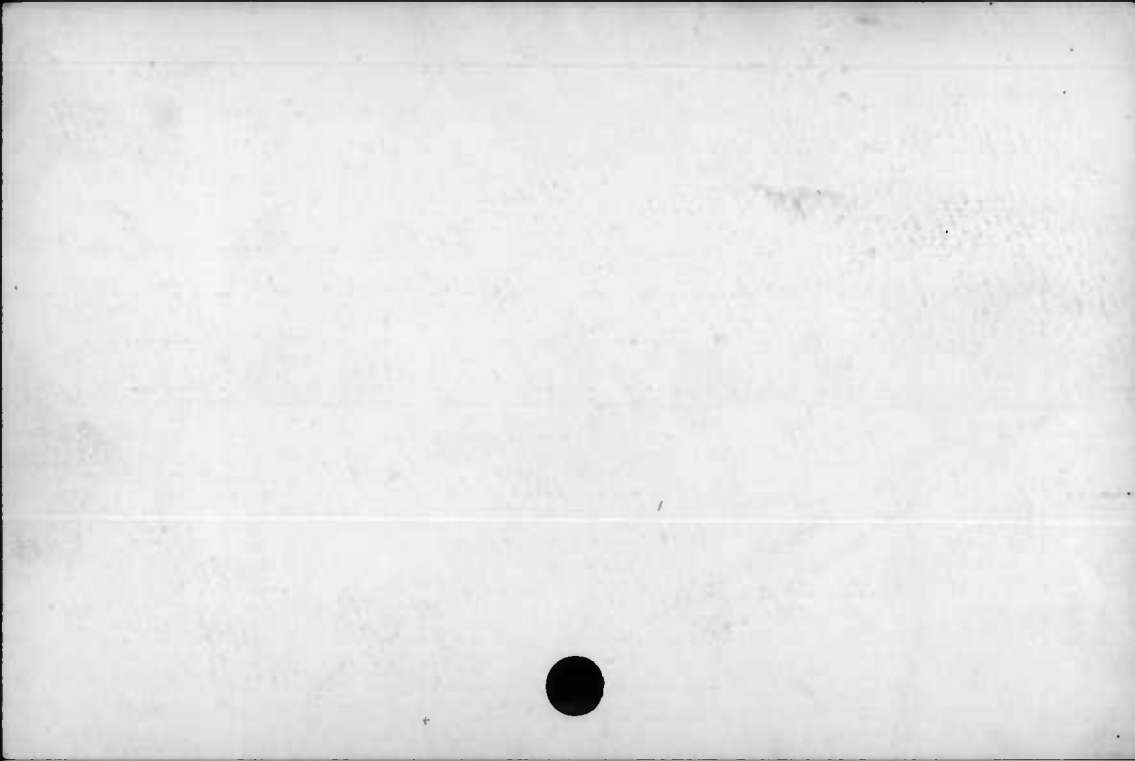
PHYSICIAN
OR CORONER

Primary	<i>Dropsy due to Heart & kidney disease</i>	How long	<i>Several years</i>
Immediate	<i>Transition & general debility</i>	How long	<i>3 or 4 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>F. M. Stearns</i>	
		Address <i>Salisbury Md.</i>	
Accident or Suicide?			



Name in Full		E. Everett D. Collier				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County		MARYLAND
	Date of death		Month	Day	Age	Years	
	1907		6	18	2		
	Sex		Color or Race		Birth-place		
	Male		white		Maryland		
	Occupation		Where Residing if not at place of death				
	Married, Single or Widowed		Name of Wife or Husband				
Single							
Father's Name		John D. Collier				Father's Birthplace	
Mother's Maiden Name		Ella M. Parks				Mother's Birthplace	
Name of person giving information		John D. Collier				How related to deceased	
						Father	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Illness. Chills				How long
							2 wks -
	Immediate		Cardiac Exhaustion				How long
							12 hr -
	Are the name, age, sex, color, date and place correctly given above?		Yes -				
		Signature of Physician		J. R. B. White			
		Address		Horseville			
Accident or Suicide?							

105



Name
in
Full

CERTIFICATE OF DEATH

John L. Lopes

Town

County

MARYLAND

Died at Salisbury

Wicomico

Date

Month

Day

Years

Months

Days

of death 1907

June

8th

Age

52

Sex

Male

Color or
Race

White

Birth-
place

Northampton Co.,
Virginia

Occupation

Farmer

Where Residing if not
at place of death

Marionville Va.

Married, Single
or Widowed

Widower

Name of Wife or
Husband

Peggy Lopes

Father's
Name

John L. Lopes Sr.

Father's
Birthplace

Northampton Co.,
Virginia

Mother's
Maiden Name

Elizabeth Bell

Mother's
Birthplace

"

Name of person giving
Information

John H. DeWald

How related
to deceased

Brother in Law

CAUSES OF DEATH

Primary

Sub-acute peritonitis

How long

Several weeks

Immediate

Inoculation

How long

7-10 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

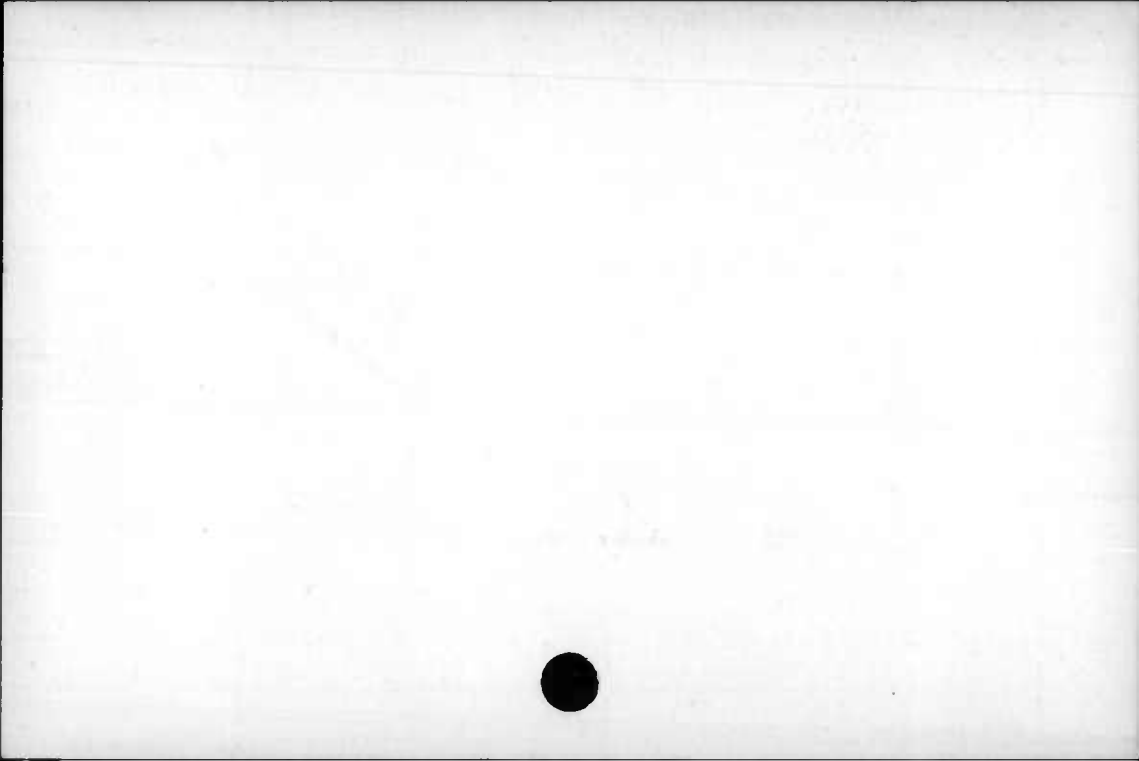
Signature of
Physician

M. W. D. W.

Address

Accident or Suicide?

No



Name
in
Full

Charles H. Conley.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

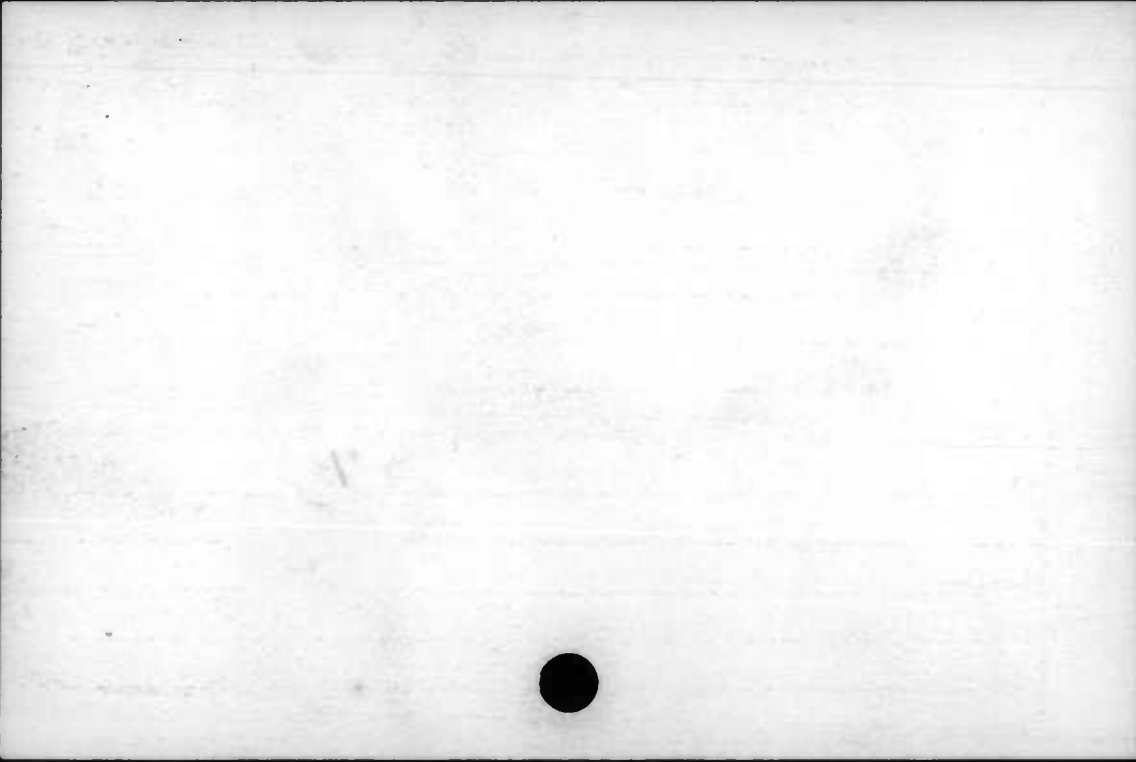
Died at <u>Sharptown</u> ^{Town}		<u>Wicomico</u> ^{County}		MARYLAND	
Date of death <u>1907</u>	Month <u>June</u>	Day <u>21</u>	Age <u>77</u>	Months <u>4</u>	Days <u>6</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Sharptown Md.</u>		
Occupation <u>Labour at mill</u>			Where Residing if not at place of death		
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Mary E. Conley</u>				
Father's Name <u>William Conley</u>	Father's Birthplace <u>Unknown</u>		Mother's Birthplace <u>Near Sharptown</u>		
Mother's Maiden Name <u>Elizabeth Walker</u>	Name of person giving information <u>Joseph E. Conley</u>		How related to deceased <u>Son.</u>		

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <u>Myocard Regurgitation, Nephritis</u>	How long <u>Don't know</u>
Immediate <u>Anasarca</u>	How long <u>2 months.</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes.</u>	Signature of Physician <u>Wm W. Cassaway</u>
	Address <u>Sharptown Md</u>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

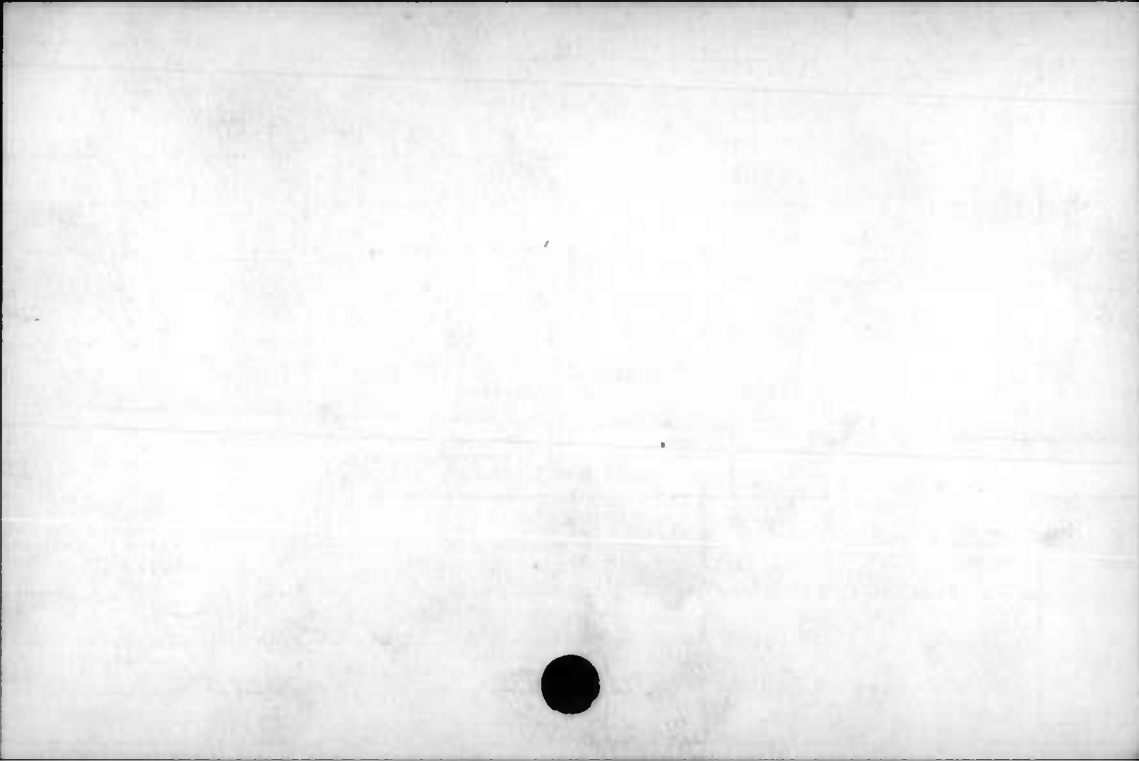
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ludavia</i> Town <i>Wasschield</i> County <i>Uccomies</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>June</i>	Day <i>30</i>	Age <i>10</i>
Sex <i>Female</i>	Color or Race <i>Black</i>	Birth-place <i>Maryland</i>	
Occupation <i>—</i>	Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>		
Father's Name <i>John Wasschield</i>	Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Russella Jones</i>	Mother's Birthplace <i>Ind</i>		
Name of person giving information <i>John Wasschield</i>	How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Dysentery</i>	How long <i>(14)</i>
Immediate <i>Ephraim</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. C. R. Jones</i>
	Address <i>Salisbury Ind</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

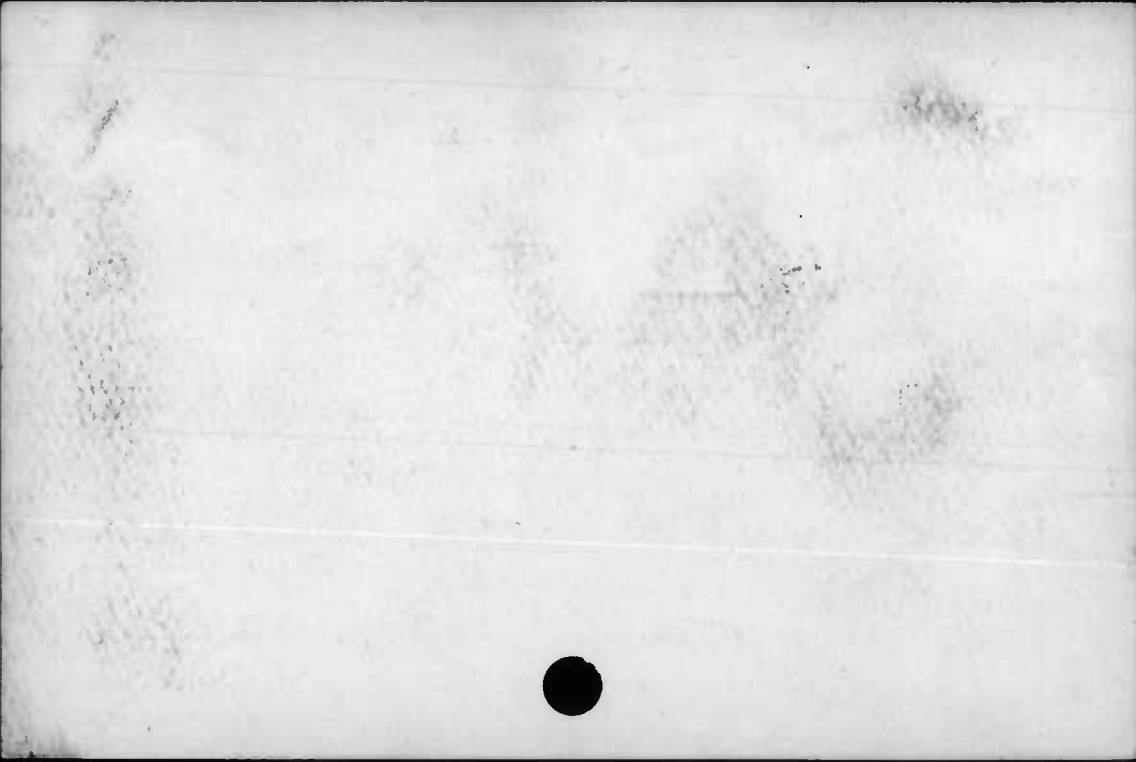
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Buvaloe</i>		Town <i>Buvaloe</i>		County <i>Winn</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>6</i>	Day <i>18</i>	Age <i>5</i>	Years <i>0</i>	Months <i>0</i>	Days <i>5</i>	
Sex <i>Male</i>		Color or Race <i>white</i>		Birth-place <i>Maryland</i>			
Occupation _____				Where Residing if not at place of death _____			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband _____					
Father's Name <i>Minus Dean</i>				Father's Birthplace _____			
Mother's Maiden Name <i>Minna Bennett</i>				Mother's Birthplace <i>Delaware</i>			
Name of person giving information <i>Minus Dean</i>				How related to deceased <i>Father</i>			

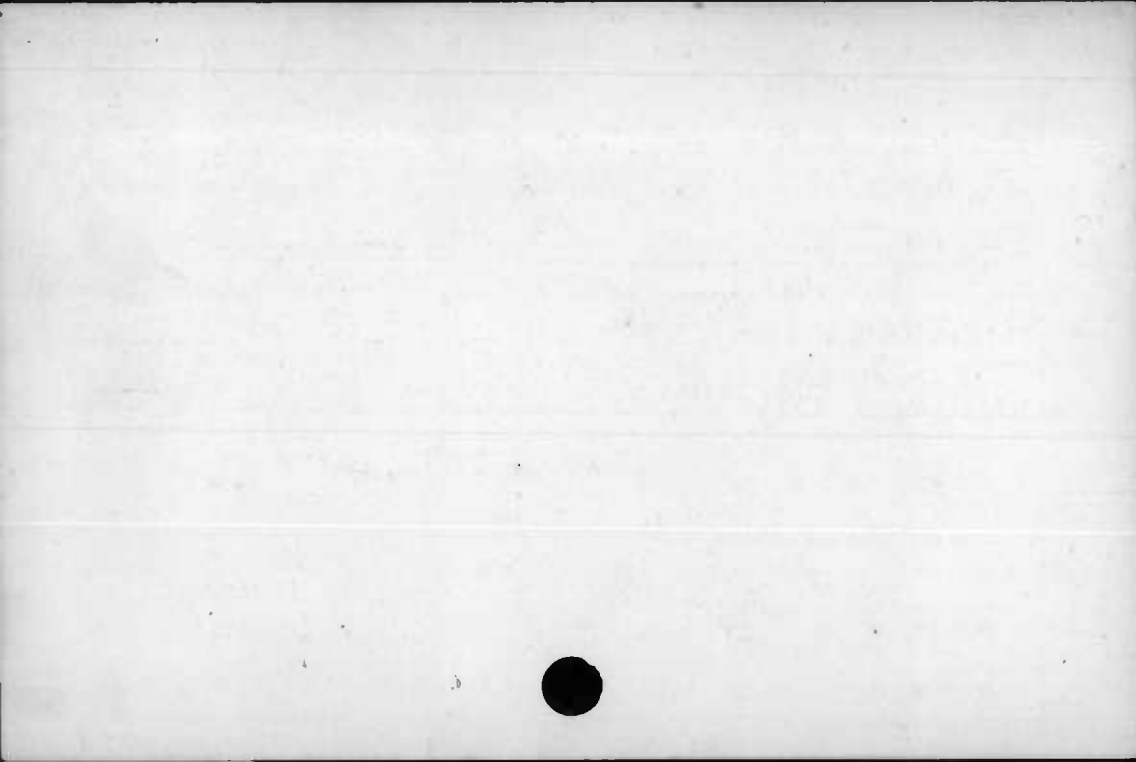
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>No Physician</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>C. H. Merrick</i>
	Address <i>Undertaker</i>
Accident or Suicide?	



Name in Full		TOWN				COUNTY		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Bivabe		Miami		MARYLAND		
	Date of death		1907	6	22	Age	21	Months	Days
	Sex		Female		Color or Race		white		Birth- place
	Occupation		housekeeper		Where Residing if not at place of death		Maryland		
	Married, Single or Widowed		Single		Name of Wife or Husband				
	Father's Name		Wm B Drum		Father's Birthplace		"		
	Mother's Maiden Name		Malisa Coulburt		Mother's Birthplace		"		
Name of person giving In formation		Wm B Drum		How related to deceased		Father			
CAUSES OF DEATH									
PHYSICIAN OR CORONER	Primary		(54)				How long		
	Immediate		Permanous Arteriosclerosis				How long		3 weeks
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		A. J. H. L. Anderson		
					Address		White Haven		
Accident or Suicide?									



Name
in
Full

Ruby, Evans

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

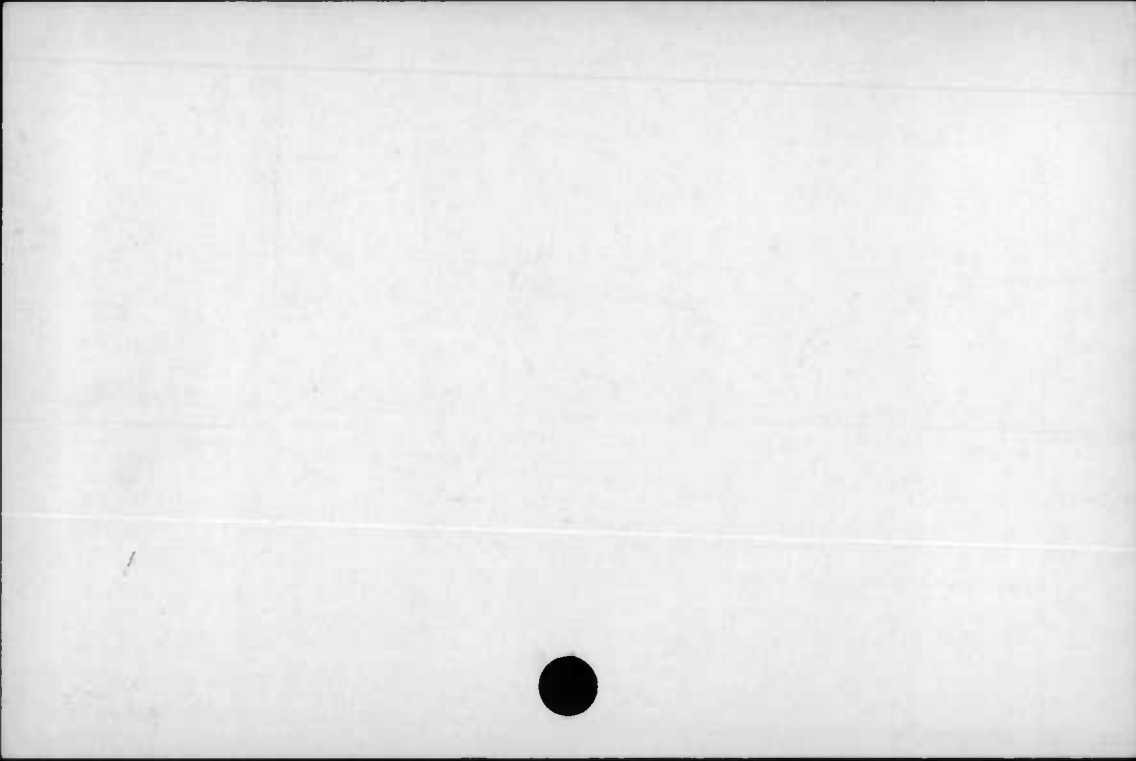
Died at		Town Mandela spgs		County McCombs		MARYLAND	
Date of death		1907	Month 6	Day 27	Age —	Months 6	Days 00
Sex Female		Color or Race white		Birth- place Md.			
Occupation none.				Where Residing if not at place of death —			
Married, Single or Widowed		Single		Name of Wife or Husband none			
Father's Name J. D. Evans		Father's Birthplace Md.					
Mother's Maiden Name Minerva Evans		Mother's Birthplace Va.					
Name of person giving Information J. D. Evans		How related to deceased Father					

CAUSES OF DEATH

157

PHYSICIAN
OR CORONER

Primary		Marasmus		How long 6 mo.	
Immediate		Ills - Colitis		How long 6 days	
Are the name, age, sex, color, date and place correctly given above?		Yes.		Signature of Physician H. D. Dierckx	
		Address Mandela Springs		Md.	
Accident or Suicide?					



Name
in
Full

Emily E. Gibson

CERTIFICATE OF DEATH

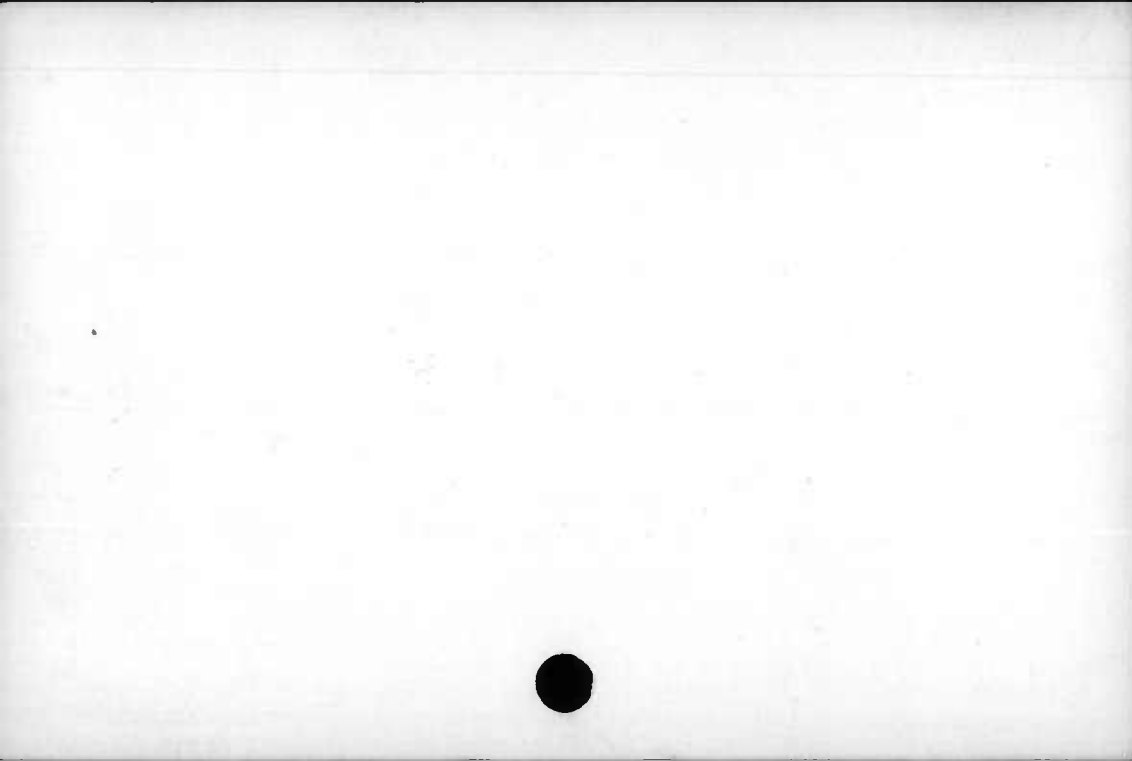
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Salisbury</i> Town		County <i>Wicomico</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>June</i>	Day <i>3rd.</i>	Age <i>40</i>	Years	Months Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Mt. Vernon Somerset Co. Md.</i>		
Occupation <i>Housekeeper</i>			Where Residing if not at place of death <i>Mt. Vernon Somerset Co. Md.</i>		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Geo. H. Gibson</i>				
Father's Name <i>John M. Harner</i>	Father's Birthplace <i>Md.</i>			Mother's Birthplace <i>Md.</i>	
Mother's Maiden Name <i>Nancy Harris</i>	Name of person giving information <i>Geo. H. Gibson</i>			How related to deceased <i>Husband</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Osteo-Sarcoma of knee</i>	How long <i>1 year or more</i>
Immediate <i>Cachexia & general emaciation</i>	How long <i>several months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>Louis W. Harris M.D.</i>
	Address <i>Salisbury Md.</i>
Accident or Suicide?	



Name
in
Full

Edwin C. Granby

CERTIFICATE OF DEATH

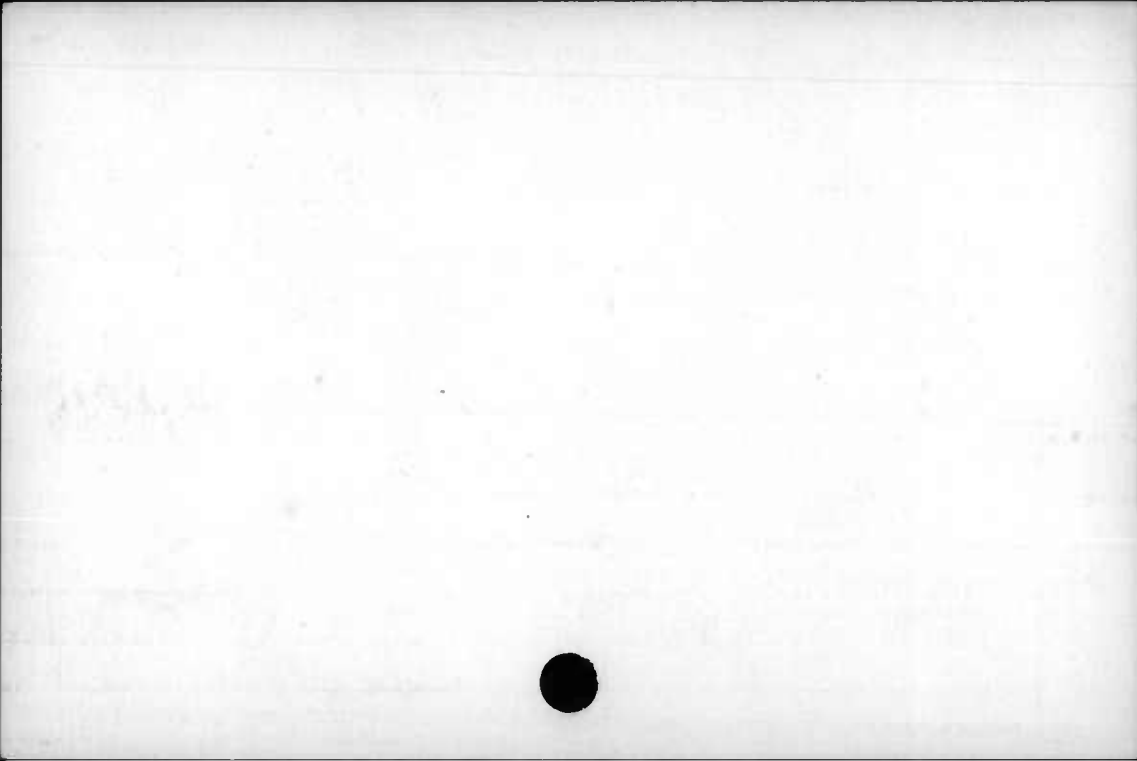
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Salisbury</u> Town		<u>Wicomico</u> County		MARYLAND	
Date of death	<u>1907</u>	Month <u>June</u>	Day <u>13</u>	Age <u>55</u>	Months <u>6</u>
Sex <u>Male</u>		Color or Race <u>white</u>		Birth-place <u>Md.</u>	
Occupation <u>Merchant</u>		Where Residing if not at place of death <u>Salisbury</u>			
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband			
Father's Name <u>John Granby</u>		Father's Birthplace <u>Md.</u>			
Mother's Maiden Name <u>Charlotte Dornier</u>		Mother's Birthplace <u>Md.</u>			
Name of person giving information <u>Dr. Slemons</u>		How related to deceased <u>not at all</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Acute indigestion</u>	How long <u>104</u>	<u>one hour</u>
Immediate	<u>Heart failure</u>	How long <u>2nd</u>	<u>minutes</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>F. M. Slemons M.D.</u>	
		Address <u>Salisbury Md.</u>	
<u>Not a Natural Death?</u>			



Name
in
Full

Annie E. Holt

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

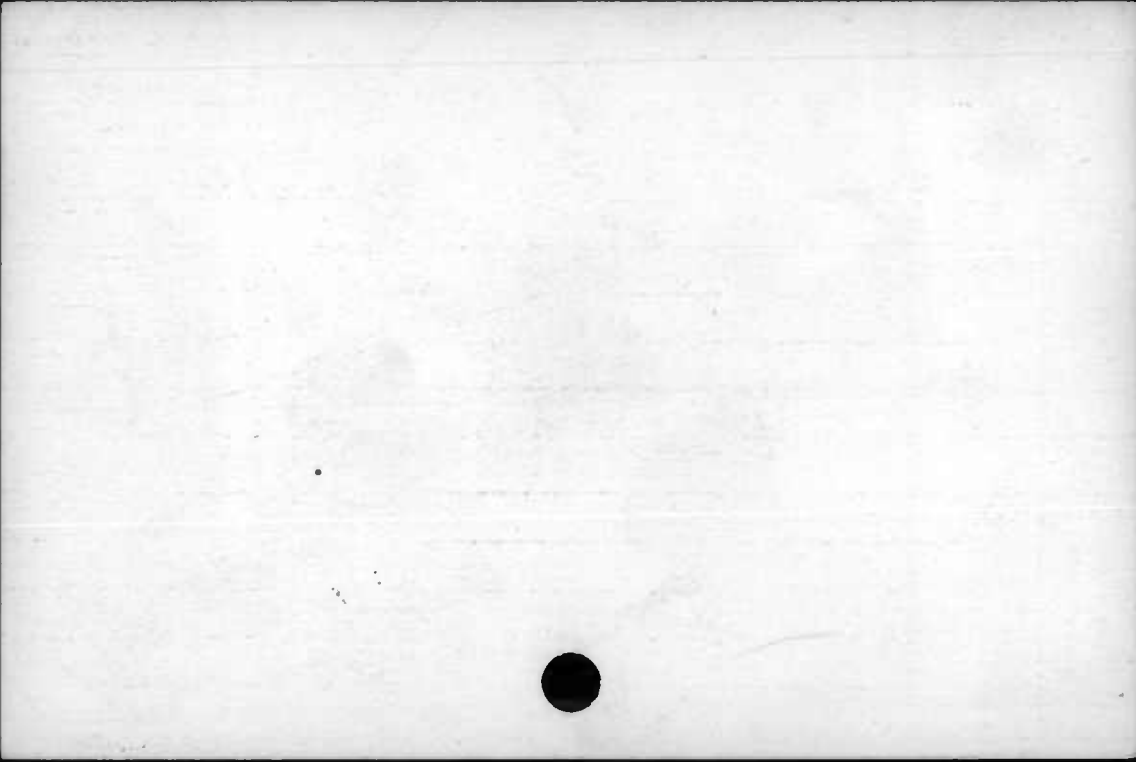
Died at <i>Near Shapblown</i>		County <i>Wisconsin</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>June</i>	Day <i>22</i>	Age <i>65</i>	Months <i>3</i>	Days <i>10</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>	Birth-place <i>unknown</i>			
Occupation <i>House wife</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Benjamin F. Holt</i>				
Father's Name <i>George Brown</i>	Father's Birthplace <i>Wilmington N.C.</i>				
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>Unknown</i>				
Name of person giving information <i>Jas Spencer</i>	How related to deceased <i>Nearest friend</i>				

CAUSES OF DEATH

(65)

PHYSICIAN
OR CORONER

Primary <i>Suffering from</i>	How long <i>3 months</i>
Immediate <i>Cardiac Failure</i>	How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Wm. P. Cassaway</i>
	Address <i>Shapblown Md</i>
Accident or Suicide?	



Name
in
Full

Radie M Hudson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Salisbury</u> Town		<u>Wisconsin</u> County		MARYLAND	
Date of death	<u>1907</u> Month	<u>20</u> Day	Age	<u>3</u> Years	<u>2</u> Months
Sex	<u>Female</u>	Color or Race	<u>White</u>	Birth-place	<u>Id</u>
Occupation	<u>none</u>				
Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	<u>Charles H Hudson</u>			Father's Birthplace	<u>Id</u>
Mother's Maiden Name	<u>Nancy Truitt</u>			Mother's Birthplace	<u>Id</u>
Name of person giving information	<u>Charles H Hudson</u>			How related to deceased	<u>Father</u>

CAUSES OF DEATH

9

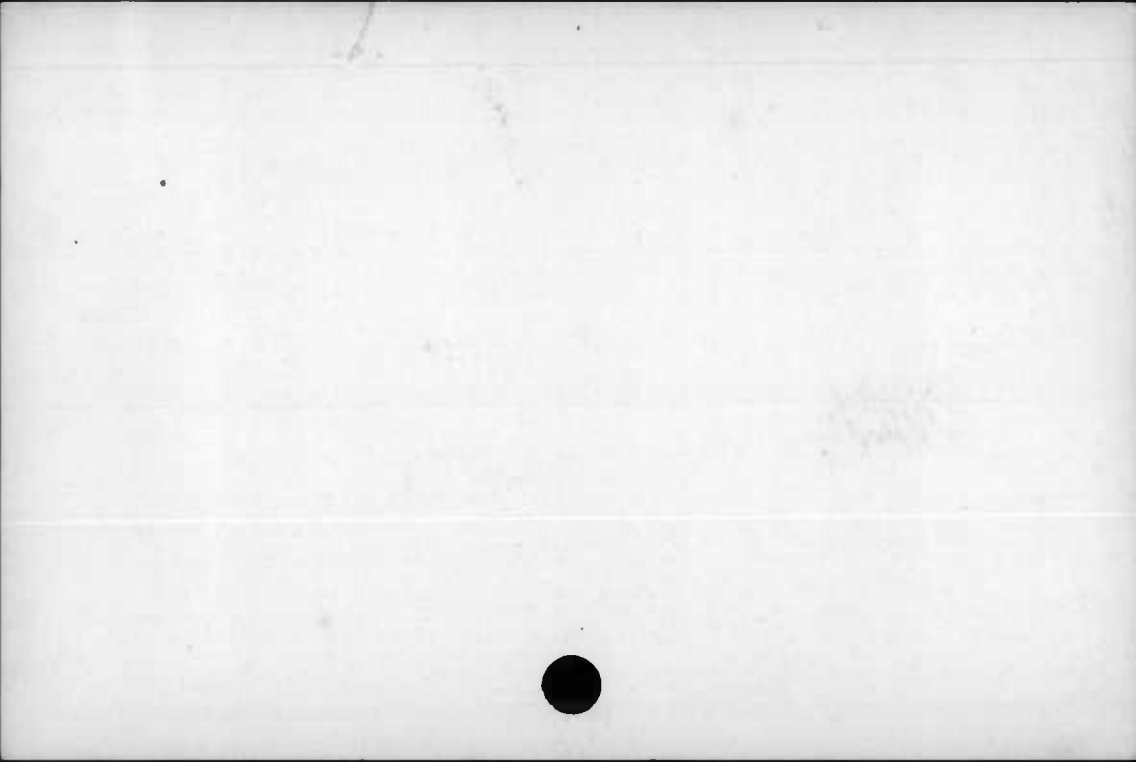
PHYSICIAN
OR CORONER

Primary	<u>Laryngeal diphtheria</u>	How long	<u>6 days</u>
Immediate	<u>Asphyxia</u>	How long	<u>Few minutes</u>
Are the name, age, sex, color, data and place correctly given above?		Signature of Physician	
<u>yes</u>		<u>McAdams</u>	
		Address	
		<u>Salisbury, Md</u>	
Accident or Suicide?			
<u>no</u>		<u>over</u>	

This patient was taken while
picking berries in Worcester Co,
Md, and no antitoxin was used. He
was sent home June 19, 07, and
I was called June 20, a couple of
hours before death and used 6000
units antitoxin which was the final
used, and intubed it, but it died shortly

J. M. Anderson

Name in Full		Infant of E. Parker Huffington				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Allen		Town		Wicomico	
	Date of death	1907	Month	June	Day	23	Age
	Sex	Male		Color or Race	White		Birth- place
	Occupation			Where Residing if not at place of death		Near Allen Md.	
	Married, Single or Widowed	—		Name of Wife or Husband		—	
	Father's Name	E. Parker Huffington				Father's Birthplace	Wicomico Co. Md.
	Mother's Maiden Name	Ida B. Linn				Mother's Birthplace	" " "
Name of person giving in formation	Mrs. E. H. Nichols				How related to deceased	Aunt	
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: center;">151</div>							
PHYSICIAN OR CORONER	Primary	Dysentery & Jaundice neonatorum				How long	2 months
	Immediate	Excitation & heart failure				How long	
	Are the name, age, sex, color, date and place correctly given above?	yes				Signature of Physician	Louis W. Deon's M.D.
	Address					Calicut Ind.	
Accident or Suicide?							



PHYSICIAN
OR CORONER

Name in Full *Alicia M Parker*

CERTIFICATE OF DEATH

MARYLAND

Died at Salisbury Town

County
Wisconsin

Date of death 1907	Month June
------------------------------	----------------------

28 Day

Age	Years
-----	-------

8 Months

26 Days

Sex Female

Color or Race *White*

Birth-place *Salisbury, Mass*

Occupation

Where Residing if not
at place of death

~~Married, Single~~
~~or Widowed~~

Name of Wife or
Husband

Father's Name *John W. Taylor*

Father's Birthplace *MD*

Mother's
Maiden Name Lisa A Shuttle

Mother's Birthplace *Adel*

Name of person giving information *John N. Packer*

How related to deceased	Father
-------------------------	--------

CAUSES OF DEATH

Primary Acute Dysentery

14

How long	3 or 4 days
How long	

Immediate *for action*

How long
3 or 4 days

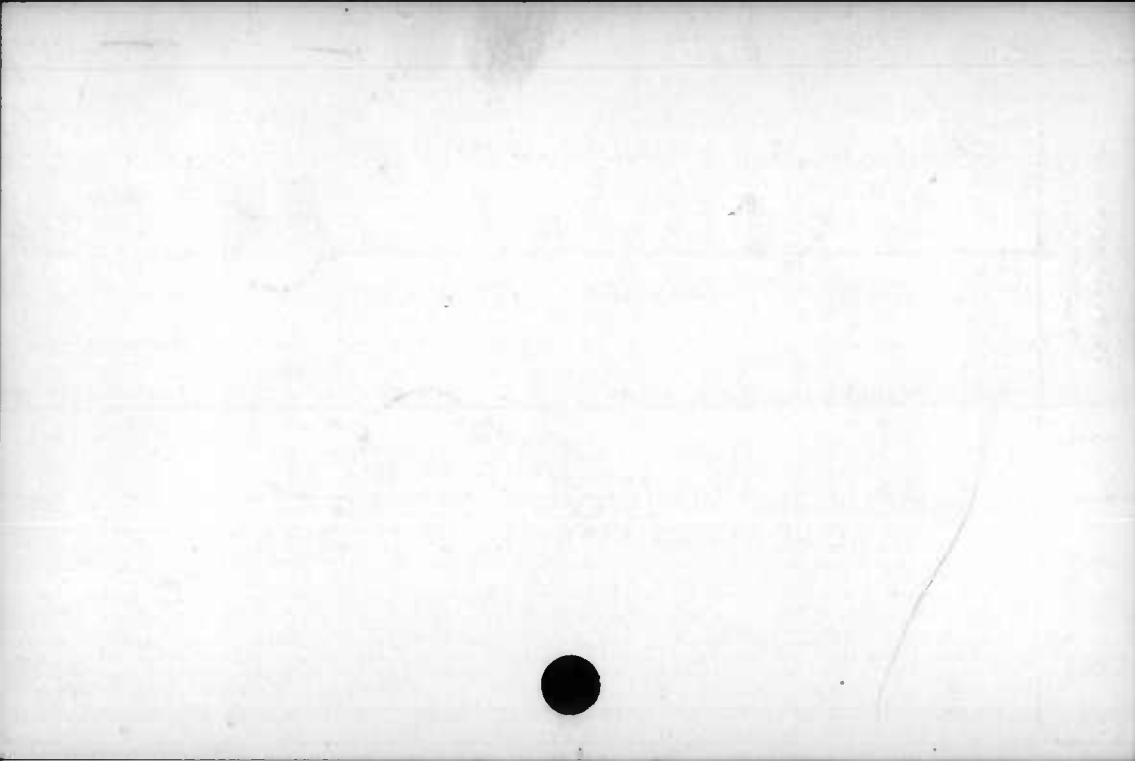
Are the name, age, sex, color, date
and place correctly given above? *hfr*

Signature of Physician *Louis Williams, M.D.*

Address

Orlando

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

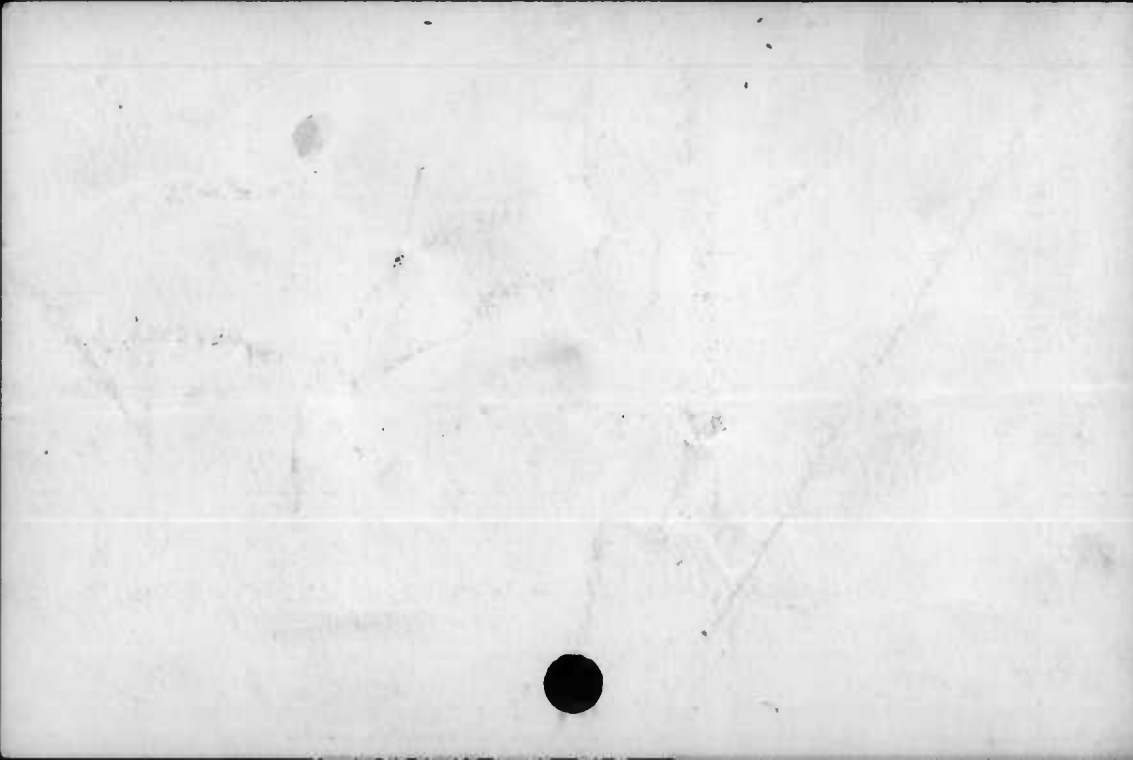
Died at <i>Jessamine</i> ^{Town}		<i>Mecon</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	Month <i>6</i>	Day <i>10</i>	Age <i>69</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Camden N.J.</i>		
Occupation <i>Retired old soldier</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Married Richards</i>				
Father's Name <i>don't know</i>	Father's Birthplace <i>don't know</i>				
Mother's Maiden Name <i>"</i>	Mother's Birthplace <i>"</i>				
Name of person giving information <i>Howard F. Richards</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>Stomach Trouble</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J H O Ory M. D.</i>
	Address <i>Jessamine</i>
Accident or Suicide?	<i>no</i>



Name
in
Full

Fannie B Zimitt

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

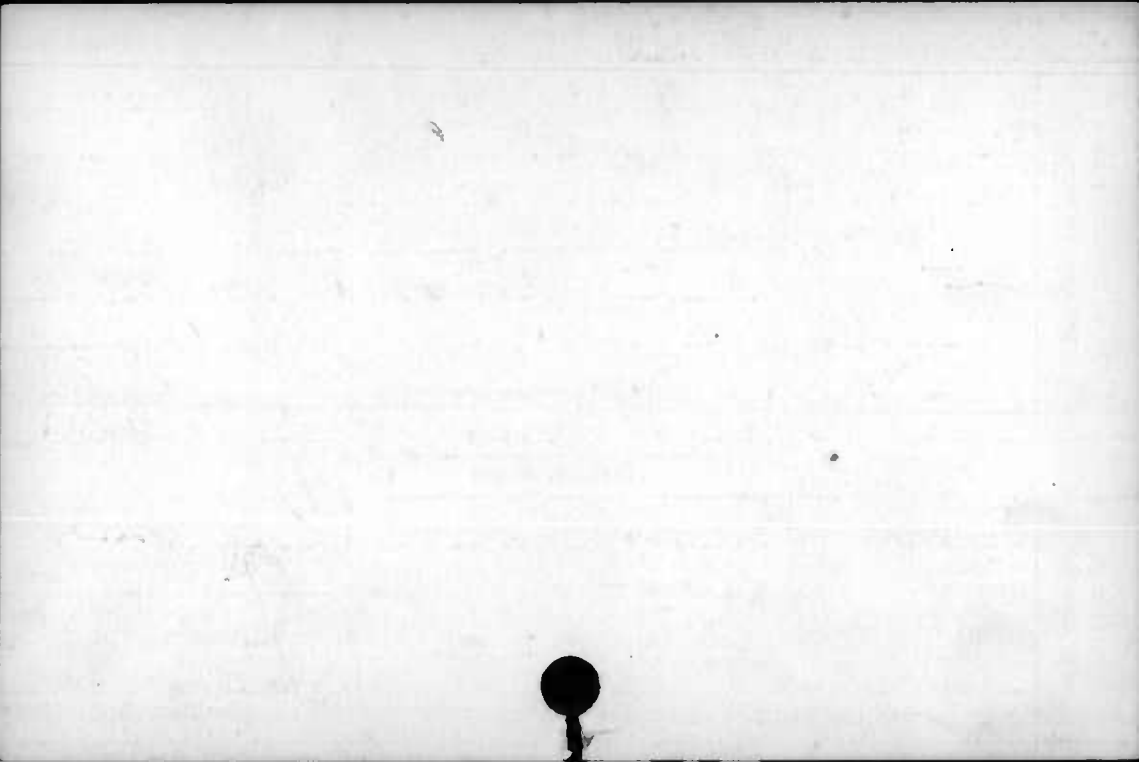
Died at <u>Belmar</u> Town		<u>Micomic</u> County		MARYLAND	
Date of death <u>1907</u>	Month <u>June</u>	Day <u>3</u>	Age <u>25</u>	Years	Months Days
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Del</u>			
Occupation <u>none</u>		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband <u>James B Zimitt</u>			
Father's Name <u>Samuel H Zimitt</u>		Father's Birthplace <u>Del</u>			
Mother's Maiden Name <u>Sarah E Workman</u>		Mother's Birthplace <u>Del</u>			
Name of person giving information <u>James B Zimitt</u>		How related to deceased <u>Husband</u>			

CAUSES OF DEATH

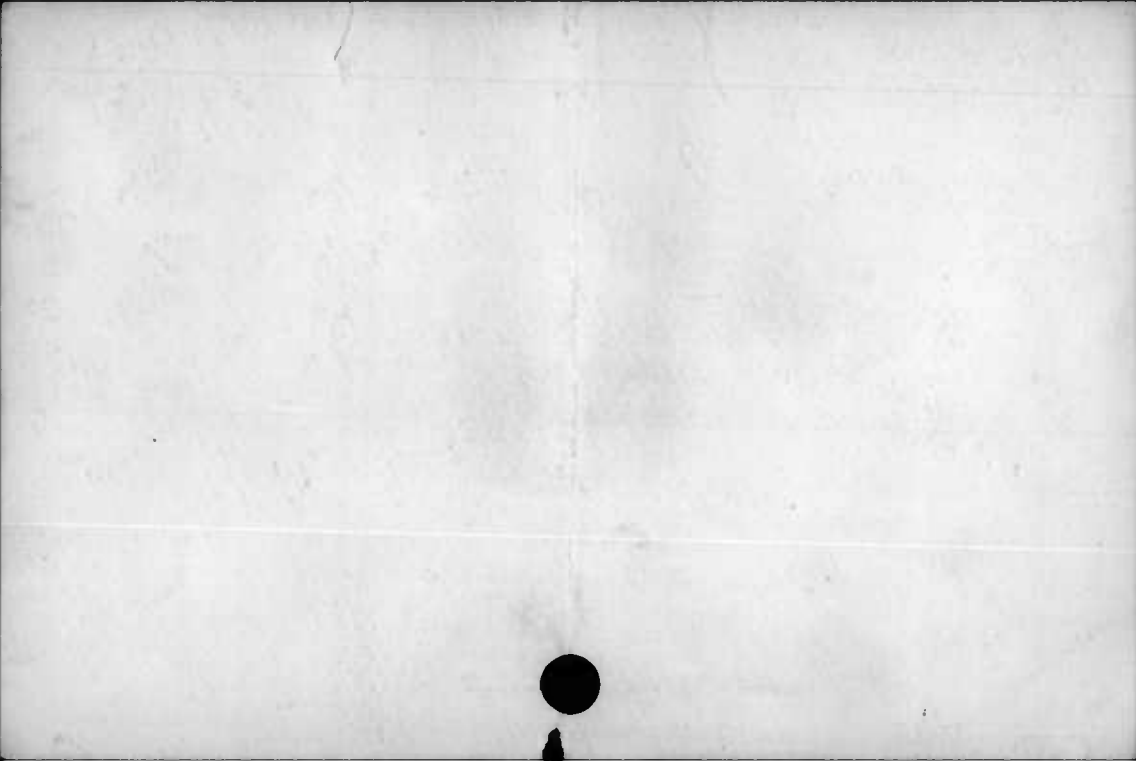
79

PHYSICIAN
OR CORONER

Primary <u>Mitral Regurgitation</u>	How long <u>6 months</u>
Immediate <u>Asystole due to edema</u>	How long <u>few days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>J. J. Zimitt</u>
	Address <u>Salisbury, Del</u>
Accident or Suicide? <u>No</u>	



Name in Full		CERTIFICATE OF DEATH						
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Westport</i>		Town <i>Westport</i>		County <i>Wicomico</i>		MARYLAND	
	Date of death <i>1907</i>		Month <i>6</i>		Day <i>6</i>		Age <i>38</i>	
	Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>		Months <i>22</i>	
	Occupation <i>Housekeeper</i>		Where Residing if not at place of death					
	Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mrs. J. D. White</i>					
	Father's Name <i>J. D. White</i>		Father's Birthplace <i>Westport</i>					
	Mother's Maiden Name <i>Ellie Nister</i>		Mother's Birthplace <i>Wingate, N.C.</i>					
	Name of person giving information <i>Thomas Haller</i>		How related to deceased <i>Husband</i>					
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary <i>Subsidiary of both lungs</i>		How long <i>15 months</i>					
	Immediate <i>Pneumonia</i>		How long					
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>L. S. Lloyd M.D.</i>					
			Address <i>Deriantier, Maryland</i>					
	Accident or Suicide?							



Name
in
Full

CERTIFICATE OF DEATH

Willing
County
Wicomico

MARYLAND

Died at Salisbury Town

Date of death 1907 June

Day 3

Age

Years

Months

10 hours

Sex Male

Color or Race White

Birth-place Salisbury

Occupation

Where Residing if not at place of death

Married, Single or Widowed Single

Name of Wife or Husband

Father's Name Byrd Willing

Father's Birthplace Salisbury Md.

Mother's Maiden Name Bessie Carey

Mother's Birthplace Snow Hill Md.

Name of person giving information Bessie Carey Willing

How related to deceased Mother

CAUSES OF DEATH

151

Primary Seven months birth

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Dr. Alton B. Potter

Address

Salisbury Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

